

DEC 16 2004

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FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
MAIL STOP AMENDMENT	Kenneth F. Smolik
COMPANY:	DATE:
USPTO	December 16, 2004
FAX NO.:	TOTAL NO. OF PAGES: (including cover sheet)
(703) 872-9306	29
YOUR REFERENCE NO.:	OUR REFERENCE (C/M) NO.:
10/008,265	005222.00181
RE:	In re: Appln. Beams et al. Appln. No. 10/008,265 Filed: November 5, 2001 For: Creating Chat Rooms With Multiple Roles For Multiple Participants

OFFICIAL FAX

If you do not receive all page(s) or have any problems receiving this transmission, please call:

NAME:	PHONE:
Jasmin Santoyo	312-463-5560

COMMENTS:

AMENDMENT IN RESPONSE TO OFFICE ACTION MAILED SEPTEMBER 16, 2004

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PTO/SB/21 (09-04)

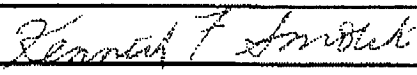
Approved for use through 07/1/2006, OMB 0651-0031

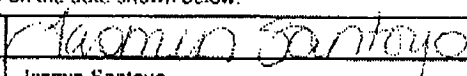
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM	Application Number	10/008.265
	Filing Date	November 5, 2001
	First Named Inventor	Brian R. Beams
	Art Unit	2154
	Examiner Name	Lin, Wen Tai
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	Attorney Docket Number	005222.00181

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Fax Cover Sheet Copies of Recorded Assignments
Remarks: A duplicate of the fee sheet is enclosed. The Commissioner is authorized to debit or credit any overpayment or deficiency from Deposit Account No. 19-0733.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	Banner & Witcoff, LTD.		
Signature			
Printed Name	Kenneth F. Smolik		
Date	12/16/2004	Reg. No.	44,344

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Jasmin Santoyo	Date	12/16/2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file, and by the USPTO to process, an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)
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Effective on 12/00/2004.
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FEE TRANSMITTAL **For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 600

Complete If Known

Application Number 10/008,265
Filing Date 11/05/2001
First Named Inventor Brian R. Booms
Examiner Name Lin. Wen Tai
Art Unit 2154
Attorney Docket No 005222-00181

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION

Application Type	SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description **Fee (\$)** **Small Entity Fee (\$)**
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 300 100
Multiple dependent claims 360 180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims** **Fee (\$)** **Fee Paid (\$)**
- 20 or HP = $\frac{20}{20} \times 360 = 360$
HP = highest number of total claims paid for, if greater than 20
Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
9-6 $\frac{6}{3} \times 300 = 600$
HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**
- 100 = $\frac{100}{50} \times 250 = 500$ (round up to a whole number) x 250 = 1250

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

SUBMITTED BY

Signature *Kenneth F. Smolik* Registration No. (Attorney/Agent) 44,344 Telephone 312-463-5000
Name (Print/Type) Kenneth F. Smolik Date 12-15-2004

This collection of information is required by 37 CFR 1.130. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**
For FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 600

Complete if Known

Application Number	10/008,265
Filing Date	11/05/2001
First Named Inventor	Brian R. Beams
Examiner Name	Lin, Wen Ta
Art Unit	2154
Attorney Docket No.	005222-0018

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 19-0733 Deposit Account Name: Banner & Witcoff

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	60	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
HP - 20 or HP =	x					
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
9-6	3	200	600			
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other:

Fees Paid (\$)

SUBMITTED BY

Signature	<i>Kenneth F. Smolik</i>	Registration No. (Attorney/Agent)	44,344	Telephone	312-463-5000
Name (Print/Type)	Kenneth F. Smolik	Date	12-16-2004		

This collection of information is required by 37 CFR 1.135. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, 400 ...

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DEC 16 2004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
(Attorney Docket No. 05222.00181)

In re U.S. Patent Application of)	
Beams, et. al.)	
)	
Application No. 10/008,265)	Examiner: Lin, Wen Tai
)	
Filed: November 5, 2001)	Group Art Unit: 2154
)	
For: CREATING CHAT ROOMS WITH)	Confirmation No.: 2519
MULTIPLE ROLES FOR MULTIPLE)	
PARTICIPANTS)	
)	

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This is in response to the Office Action mailed September 16, 2004. The Examiner set a three-month period for response, thus making this response due on or before **December 16, 2004**. The Commissioner is authorized to debit the extra claim fee of \$600.00 from our Deposit Account No. 19-0733.

The Amendment section begins on page 2 and the Remarks section begins on page 12. Please amend the application as follows.